

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2676</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Charles</u> <u>N</u> <u>Stewart</u> P.O. Box, Bldg., Room No., if any _____ Street <u>3 Research Place</u> City <u>Rockville</u> State <u>Maryland</u> ZIP Code + 4 <u>20850-3279</u>	4. Name, file number, and address of labor organization. Name <u>Transportation Communications Union</u> Labor Organization File Number <u>000196</u> P.O. Box, Building and Room Number, if any _____ Street <u>3 Research Place</u> City <u>Rockville</u> State <u>Maryland</u> ZIP Code + 4 <u>20850-3279</u>
5. Position in labor organization. <u>Executive Director, Social Services</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State <u>Other</u> ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Charles N Stewart

On

7/5/2005

Date

301-840-8747

Telephone Number

Name of Person Filing Charles Stewart

File Number U- 2676

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Union Privilege

Trade Name, if any:

Union Plus

P.O. Box, Bldg., Room No., if any

Suite 300

Street

1125 15th Street, NW

City

Washington

State

District of Columbia

ZIP Code + 4

20005

## 14.a. Nature of payment.

Hotel accommodations while attending Union Privilege conference as TCU's Union Privilege Liaison. Conference held in Atlanta at Hyatt on 4/25 & 26/2004.

## 14.b. Amount of payment.

\$255

13.b. Is the Business an Employer ☒or Consultant ☐

?

Name of Person Filing Charles Stewart

File Number U- 2676

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UnitedHealthcare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Railroad Accounts

Street 450 Columbus Blvd. CT030-13NA

City Hartford

State Connecticut

ZIP Code + 4 06115-0453

14.a. Nature of payment.

Dinner in conjunction with a meeting of the Joint Plan Committee CRLO Subcommittee, Railroad Employees National Health and Welfare Plan, Jacksonville, Florida, 3/30/2004.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$71

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Unitedhealthcare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Railroad Accounts

Street 450 Columbus Blvd. CT030-13NA

City Hartford

State Connecticut

ZIP Code + 4 06115-0453

14.a. Nature of payment.

Dinner in conjunction with a meeting of the Joint Plan Committee CRLO Subcommittee, Railroad Employees National Health and Welfare Plan, Hartford, CT, 6/1/2004.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$78

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UnitedHealthcare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Railroad Accounts

Street 450 Columbus Blvd. CT030-13NA

City Hartford

State Connecticut

ZIP Code + 4 06115-0453

14.a. Nature of payment.

In conjunction with TCU quinquennial convention in Las Vegas, NV, have dinner with Matt MacEwen of UnitedHealthcare, discuss health and welfare plans on 6/23/2004. Wife Sharon also attended, had meal of the same value.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$72

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name ValueOptions

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 600

Street 1300 Clay Street

City Oakland

State California ZIP Code + 4 94612

14.a. Nature of payment.

Lunch with Mike Mombrea of ValuOptions to discuss mental health and substance abuse coverage for the Railroad Employees National Health and Welfare Plan. 8/19/2004.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$25

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Granzow Consulting Group, Wachovia Securities

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 4525 Sharon Road

City Charlotte

State North Carolina ZIP Code + 4 28211

14.a. Nature of payment.

Lunch with John Granzow to discuss GA-23111 policy investments. 10/19/2004

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$60

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Aetna

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7600 A Leesburg Pike

City Falls Church

State Virginia ZIP Code + 4 22043

14.a. Nature of payment.

Lunch with Peter Trusz and Dawn Fairhurst of Aetna to discuss facets of the Railroad Employees National Health and Welfare Plan. 3/16/2004

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$45

Name of Person Filing Charles Stewart

File Number U-

2626

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Unitedhealthcare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Railroad Accounts

Street 450 Columbus Blvd. CT030-13NA

City Hartford

State Connecticut

ZIP Code + 4 06115-0453

14.a. Nature of payment.

As CRLO Administrator for Railroad Employees National Health and Welfare Plan, attend UnitedHealthcare Customer Advisory Council in Scottsdale, AZ. Hotel and meals paid by United. 9/27-28/2004.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$600

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.